

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42187

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2223 Annie Baxter
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Lifelong resident (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Vernon (Buck) Smith

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Eula Smith 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased January 9, 1907
(Month) (Day) (Year)

8. AGE: Years 34 Months 11 Days 19 If less than one day
hr. min.

9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business _____

MOTHER FATHER { 12. Name Arthur Smith
13. Birthplace Weir City Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Ella Williams
15. Birthplace Checotah Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant Eula Smith
(b) Address 2223 Annie Baxter, Joplin
17. (a) Burial (b) Date thereof 12-31-41
(Burial, exhumation, or removal) (Month) (Day) (Year)
(c) Place: burial or exhumation Osborne Memorial Cem.
Lanpher Mortuary

18. (a) Signature of funeral director Joplin, Missouri
(b) Address _____

19. (a) 12-29-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
Joplin
(c) City or town 2223 Annie Baxter
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th
year 1941 hour 8:15 minute P M.

21. I hereby certify that I attended the deceased from 1939
to Dec 28 1941
that I last saw him alive on Dec 28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Due to Coronary Artery Disease

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations [Signature]
Of autopsy _____
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury [Signature]
23. Signature [Signature] Address 2114 Joplin Date signed 12/29/41

372 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 3 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

*F. M. Jones*Licensed Embalmer No. *2319*P. O. Address *Joplin mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.